

UNITED STATES DISTRICT COURT FOR
THE MIDDLE DISTRICT OF PENNSYLVANIA

BRIAN KEITH CASH

CIVIL CASE No. 3:18cv475

VS.

FILED
SCRANTON

UNITED STATES OF AMERICA, et al

FEB 27 2018

PER [Signature]
DEPUTY CLERK

I
VENUE
COMPLAINT

1) The Plaintiff Brian Keith Cash a citizen of the County of Union, State of PENNSYLVANIA, residing at United States Penitentiary Lewisburg P.O. Box 1000 Lewisburg, PA 17837 wishes to file a complaint Pursuant to Federal Tort Claim Act ("FTCA") 28 U.S.C § 1346(b) et. seq. and 28 U.S.C § 2671-2680 et. seq.

II

2) The Defendant is UNITED STATES

III

3) ~~Noted comes~~ Brian Keith Cash pro se and respectfully files complaint of Pursuant to the Federal Tort Claim Act ("FTCA") 28 U.S.C § 1346(b) et seq and 28 U.S.C § 2671-2680, et seq. In addition the plaintiff attaches a sworn affidavit in further support of his pursuant to the Federal Tort claim Act ("FTCA").

III STATEMENT OF Facts

- 1). On March 10, 2016 Plaintiff suffered harm & injuries as a result of medical Negligence, Malpractice and Intentional Assault and Battery committed by staffs. That deprived from medical Staff & Correctional officers forcing me to submit to hand restraints behind my back. When I had a Doctor order to be placed in hand restraints in the front only. The medical Duty Staff was on my Door in my medical Jacket. My shoulder injury was well aware amongst the institution staff, medical, Lt's and etc.
- 2). On May 21, 2016 Plaintiff suffered a severe shoulder injury at U.S. Prison which was mis-diagnose by RN Patricia Burgerhoff See Exhibit A
- 3). On June 6, 2016 plaintiff was seen by MUP Michelle Syzmarzki due to numerous complaints about on going pain in right shoulder. When exam plaintiff couldn't lift shoulder. Decrease Range of ^{Active} motion, decrease of Passive motion, and was in pain. Plaintiff was refer to physical Therapy treatment and Ct scan See Exhibit B
- 4). On July 12, 2016 Plaintiff started seeing a contract worker Alice Tankin a Physical Therapist for Home Health Care Professional, J.N.C. Plaintiff seen her once a week for 6 to 10 wks. which was suppose to last up to 12 weeks see Exhibit C
- 5). On Aug 2, 2016 Plaintiff was seen by Dr. Susan Morawitz for a chronic case review. During the review MD Morawitz was trying to put me in for a MRI but couldn't do so until I complete therapy for 12 wks see Exhibit D

6) On Sept 6, 2016 Plaintiff was transferred to U.S.P Lewisburg so he received a Discharge from his Physical Therapy Treatment. The Physical ^{Therapy} report sent a regarding Plaintiff shoulder injury. See Exhibit E

7) After plaintiff arrived at U.S.P Lewisburg On Sept 12, 2016 the plaintiff was seen by MD Andrew Edinger for his chronic care 14 day New arrival evaluation where Plaintiff complaint to Dr. Edinger about his shoulder pain. The plaintiff's doctor discussed steroid injection in shoulder for therapeutic Option. Also the Doctor said he would pursue an orthopedicist evaluation after steroid injection. See Exhibit F

8) On Sept 13, 2016 a medical Duty Status was done by MD Andrew Edinger which he recommended front cuff with Martin chain because of ~~many~~ shoulder injury. Restraint Restrictive cuff only front see Exhibit G

9) On Sept 21, 2016 plaintiff was given a Therapeutic / Diagnostic injection in shoulder by PA-C Jennifer Seroski. On Nov 1, 2016 received a Methylprednisolone Acetate injection in shoulder by Orthopedicist Dr. Ball... See Exhibit H

10) On Nov 2, 2016 Plaintiff front cuff was renewed or Medical Duty Status was updated on numerous times by Jennifer Seroski cause it expired every 60 to 90 days... See Exhibit I

11) On Dec 2, 2016 plaintiff requested during sickcall to PA-C Jennifer Seroski that his medical Duty Status (MDS) be put on his door. To keep from having issues with correctional officers. See Exhibit J

12) On March 1, 2017 plaintiff received a Therapeutic / Diagnostic injection in his right shoulder from PA-C Jennifer...

13). On March 7, 2017 my Medical Duty Status (MDS) front cuff pass was reviewed by PA-C Jennifer Seroski cause the current one was due to expire see Exhibit K

14). On March 8, 2017 the plaintiff and entire C-Block 3rd Floor was move from C-Block to J-Block cell # 115. While been escorted to cell # 115 in J-Block C.O Jeffrey Stroud said why do you have a Martin Chain? cuff only in front. Plaintiff explained that he have a shoulder injury and have been front cuff for 6 months, due to his injury of shoulder and upper arm a unpecific injury. C.O Stroud said we don't do martin chains in this unit its to much work. So if you want a shower and Recreation you need to learn to be handcuff from behind your back.

15). On March 9, 2017 when it came to Plaintiff going to Recreation C.O Stroud tried to make plaintiff submit to handcuffs behind his back. The plaintiff refused and ask to see a lot or medical. Plaintiff showed C.O Arnold a Doctor Recommendation for front cuff only Restriction Medical Duty Status sheet that was taped on his cell door. Plaintiff was allowed to go to Rec. Both C.O's told plaintiff later day they aint have to honor it cause is say Recommendation on (MDS).

16). On March 10, 2017 C.O Stroud denied the plaintiff his shower cause he refused to be handcuff behind his back. Plaintiff was told he will not receive Recreation either. So the plaintiff spoke to A.W. Kaczuba who was making rounds about the issue. The A.W. ask if I spoke to the Lt. I told him No I have not. The A.W. sent Lt Michael Kerner to my cell. I explain to the Lt about my front cuff Restriction that was approved by medical. Also I told him he could speak with all the Lt's who work on the side that I just came from. They all are aware of my situation. I let the Lt know that the officer said I will not get feed. The Lt said you will not get a shower or Rec but you will definitely eat.

17). On March 10, 2017 the Plaintiff was told by C.O. Stroud that since he had switch to the A.W. 3 Lit he ain't got nothing coming. When the food trays was passed out C.O. Stroud didn't feed plaintiff and his cellmate Lamont Baskley. Review range camera it will show 4 food trays in front of cell March 10, 2017.

18). Plaintiff and his cellmate requested to see a lit concerning been denied they food. They was denied to see a lit. So plaintiff flooded the range. The C.O. Stroud then fabricated a report saying plaintiff threaten him. All plaintiff did was flood. Staff fabricated incident report so plaintiff would be put in Restraints.

19). Lt. Kenners came to cell # 115 and the plaintiff explained to the Lt he and his cellmate ain't eat. The Lt said said you threaten my officer you going in Ambulatory Restraints and I'm going to make you feel real uncomfortable. Review range camera you will see Lt at door.

20). On March 10, 2017 Lt/C.O. Hunter came to plaintiff and the plaintiff explain to him. He can't be put in hand cuffs behind his back due ^{to} a unspecified shoulder injury. The plaintiff told him to send (MDS) which he did. Review (range camera): see Exhibit 1

21). Approximately 11:10 A.M. medical staff, Lt's Kenners and Sgt Team arrived at the plaintiff cell door. The plaintiff explain to medical staff NEMT-P Sarah Dees that he was front cuff only with a martin chain. The medical Duty status on his door stated this. Medical Sarah Dees said there is No Restriction. Fabricated this in her clinical Encounter report See Exhibit 1

22). The plaintiff was force to submit to hand cuffs with hands behind his back. Soon as the plaintiff submitted to hand cuffs behind his back. The plaintiff felt a sharp pain in shoulder. When the plaintiff arms was pulled behind his back and force in the air. Plaintiff felt a pop in his shoulder

cause plaintiff arms was forced in the air. When he had Decrease in his range of motion due to unspecific shoulder injury. showed camera with Sgt Team

23) The plaintiff was put in Ambulatory Restraints for more than 24 hours. The plaintiff explain to all the medical staff that he was in pain. The plaintiff spoke to nurses Lt's during Restraint check and they all said this should not have never happen. But because medical staff use the word Recommend a issue got out of hand. It should not ^{have} been subject to handcuffs behind your back.

24) The plaintiff medical Duty Status was corrected. The Word Recommend was taking off ~~the~~ Medical Duty Status to rectify mistake. See Exhibit A

25) The plaintiff continue to complaint that he was in pain. The medical staff said that he was schedule to get a Mobic which he did on 3/29/17. But his complaints to sickcall wasn't document to cover everything up.

26) The plaintiff seen the orthopedist Dr. Ball on 4/6/17 where plaintiff was given a steroid injection ^{due} to the harm suffered & pain from that incident. Plaintiff had decrease flexion, and Decrease Abduction to 70 degrees. And Dr. Ball recommend front cuff due to incident. see Exhibit C

27) Medical Staff NHEMT-P Sarah Dees and the PA of the Unit was negligence for ignoring obvious conditions for failing to Investigate enough to make an informal judgment. My medical Records would have confirmed my injury. There were Negligence for making a decision based on non-medical factors which was to Intentional Assault and Battery on Medical Staff over look my Medical Duty Status that stated my front cuff only. Restriction. This was on my Dors. The medical staff didn't have or didn't use the skills or professional judgment that is seen in the medical field. The decision that was made was inadequate and negligent.

28). Plaintiff is bringing actions and allegations against inter alia the United States pursuant to the Federal Tort Claims Act ("FTCA") for injuries suffered as the result of forcing me to cuff up with my hands behind my back, which occurred at U.S.P. Lewisburg on March 10, 2017. Plaintiff is filing this complaint on the United States for the harm suffered by the Assault and Battery and medical negligence. The inmate had a shoulder surgery and is still experiencing pain since the Oct 17, 2017 surgery.

29). The U.S.P. Penitentiary Lewisburg medical staff was inadequate and negligent when they force me to cuff up behind my back, force my injury arms & shoulder in the air when there was decrease range of motion. Allowing the Sert Team to use excessive force when medical documents stated my injury. As well as the medical duty status on my door. Medical Staff was negligence and inadequate with these decision. Allowing other staff to use excessive force which cause me harm, injury, and pain. Due to this medical staff nor the staff wasn't effective...

30). The United States owes federal inmates a duty of care to protect them from unreasonable. The duty to use reasonable care in ensuring the safety of all inmates housed at U.S.P. Lewisburg. The duty of care which the United States owes to federal inmates is ordinary diligence to keep inmates safe from harm... 18 U.S.C 4042

31). Medical Staff and other staff were acting within the scope of his/her employment when the negligence, malpractice, excessive force occurred. Every one that was involved was acting within the scope of his and her employment. These actions did cause negligent & a wrongful act or omission. The Assault and Battery was deliberate act that cause harm especially when medical staff and numerous staff know of my shoulder injury.

32). Medical was negligent in exercising reasonable ~~care~~ and meeting established professional standards in doing their work and was acting within the scope of his/her duty. The harm suffered, pain and injury to my shoulder was a deliberate act that cause harm to my shoulder.

IV. Exhaustion of Legal Remedies

The plaintiff filed a form 95 administrative claim to the appropriate federal agency on Mar 27, 2017 and the agency denied claim on Sept 29, 2017. See Exhibit

V. Prayer for Relief

Wherefore, plaintiff prays that this court enter judgment Granting plaintiff a declaration that the negligent acts and omissions as well as Assault & Battery described here in this complaint is a violation under the pursuant to Federal Tort Claim Act,

Granting Plaintiff compensate damages in the amount of \$100,000 for the harm suffered to the plaintiff, the pain caused & injury from the negligent malpractice, Assault and Battery (excessive force) under the (Federal Tort Claim Act) and granting any additional relief this court deems, just proper and equitable...

Brian Cosh

Date: 2/20/18

Brian Cosh #19124-057

U.S.F. Lewisburg

P.O. Box 1000

Lewisburg, PA 17837

Verification

I have read the foregoing complaint and here by verify that the matters alleged on information and belief, and as to those, I believe them to be true. I certify under penalty of perjury that the foregoing is true and correct...

TE use

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: CASH, BRIAN KEITH
Date of Birth: 03/06/1977
Encounter Date: 05/21/2016 17:10

Sex: M Race: BLACK
Provider: Burgerhoff, Patricia RN

Reg #: 19124-057
Facility: CAA
Unit: Z01

Injury Assessment - Non-work related encounter performed at Special Housing Unit.

SUBJECTIVE:

INJURY 1 Provider: Burgerhoff, Patricia RN

Date of Injury: 05/21/2016 17:10 Date Reported for Treatment: 05/21/2016 18:00

Work Related: No Work Assignment: SHU UNASSG

Pain Location: Shoulder-Right

Pain Scale: 10

Pain Qualities: Tender

Where Did Injury Happen (Be specific as to location):

Compound near B1 housing unit.

Cause of Injury (Inmate's Statement of how injury occurred):

Immediate Use of Force.

Symptoms (as reported by inmate):

"Right shoulder hurts".

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
05/21/2016	18:00 CAA	98.0	36.7	Tympanic	Burgerhoff, Patricia RN

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
05/21/2016	18:00 CAA	68	Radial	Regular	Burgerhoff, Patricia RN

Respirations:

Date	Time	Rate Per Minute	Provider
05/21/2016	18:00 CAA	16	Burgerhoff, Patricia RN

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
05/21/2016	18:00 CAA	126/67	Left Arm	Sitting	Adult-large	Burgerhoff, Patricia RN

SaO2:

Date	Time	Value(%)	Air	Provider
05/21/2016	18:00 CAA	99	Room Air	Burgerhoff, Patricia RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed, Unconscious, Lethargic, Dyspneic, Appears in Pain, Writhing in Pain, Pale, Diaphoretic

Skin

Inmate Name: CASH, BRIAN KEITH

Date of Birth: 03/06/1977

Encounter Date: 05/21/2016 17:10

Sex: M Race: BLACK

Provider: Burgerhoff, Patricia RN

Reg #: 19124-057

Facility: CAA

Unit: Z01

Exam:**General**

Yes: Dry, Warmth, Tenderness, Erythema

No: Within Normal Limits, Skin Intact, Clammy, Cool, Diaphoretic

Trauma

Yes: Abrasion

No: Deformity, Swelling, Laceration, Ecchymosis

Eyes**General**

Yes: PERRLA

Neck**General**

Yes: Within Normal Limits, Supple, Symmetric, Trachea Midline

No: Trauma

Pulmonary**Observation/Inspection**

Yes: Within Normal Limits

No: Respiratory Distress

Auscultation

Yes: Clear to Auscultation

Cardiovascular**Observation**

Yes: Within Normal Limits, Normal Rate, Regular Rhythm

Peripheral Vascular**Arms**

Yes: Radial Pulse Normal, Capillary Refill Normal

Musculoskeletal**Shoulder**

Yes: Normal Exam R, Full Range of Motion R, Normal Bony Landmarks R, Symmetric R, Normal Active ROM R, Warm to Touch R, Tenderness R, Trauma R, Abrasion(s) R

No: Non-Tender on Palpation R, Joint Deformity R, Swelling R, Ecchymosis R, Erythema R, Crepitus R, Clicking R, Popping R, Locking R, Laceration(s) R

Gait

Yes: Normal Gait

Comments

Right posterior shoulder abrasion noted.

ASSESSMENT:

Cut(s) and/or Abrasion(s)

MINOR INJURY:

Immediate Use of Force. AA Ox3 ambulatory steady gait. VSS. Afebrile. PERRLA. Lungs clear, bilaterally. Breathing unlabored. Able to speak in full sentences without being winded. Complains of 10/10 tender pain to right shoulder. No boney deformity noted. Abrasion x 1 noted. +CCSM, +distal pulses. Full ROM. Cleansed with sterile water and applied XL bandaids. NAD. No other injury noted or voiced.

PLAN:**Disposition:**

**Bureau of Prisons
Health Services
Clinical Encounter**

TC
45P-E

Inmate Name: CASH, BRIAN KEITH
Date of Birth: 03/06/1977
Encounter Date: 06/06/2016 14:32

Sex: M Race: BLACK
Provider: Szymanski, Michelle

Reg #: 19124-057
Facility: CAA
Unit: Z01

Mid Level Provider - Sick Call Note encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Szymanski, Michelle CRNP

Chief Complaint: Muscle/Joint Ache

Subjective: Inmate states that he has been having ongoing pain in his right shoulder states it to be a 10 onset 2 weeks after he says he was taken to the ground by officers. Pt had xray which was negative pt has been taking Tylenol with little relief will consult for ct scan.

Pain: Yes

Pain Assessment

Date: 06/06/2016 14:32

Location: Shoulder-Right

Quality of Pain: Aching

Pain Scale: 10

Intervention: ct scan

Trauma Date/Year:

Injury:

Mechanism:

Onset: 1-2 Weeks

Duration: 1-2 Weeks

Exacerbating Factors: pain increases with movement

Relieving Factors: none

Comments:

OBJECTIVE:

Respirations:

Date	Time	Rate Per Minute	Provider
06/06/2016	14:33 CAA	14	Szymanski, Michelle CRNP

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well

Skin

General

Yes: Within Normal Limits, Dry, Skin Intact

Head

General

Yes: Symmetry of Motor Function, Atraumatic/Normocephalic

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Cardiovascular

Inmate Name: CASH, BRIAN KEITH

Date of Birth: 03/06/1977

Encounter Date: 06/06/2016 14:32

Sex: M Race: BLACK

Provider: Szymanski, Michelle

Reg #: 19124-057

Facility: CAA

Unit: Z01

Exam:**Observation**

Yes: Within Normal Limits

Musculoskeletal**Shoulder**

Yes: Tenderness, Decreased Range of Active Motion, Decreased Range of Passive Motion

Exam Comments

pt cannot lift arm up without significant pain will refer for Physical therapy

ASSESSMENT:

Injury of shoulder and upper arm, unspecified, S4990XS - Current

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Ibuprofen Tablet	06/06/2016 14:32	800mg Orally - Two Times a Day x 4 day(s) -- take with food acute pain after right shoulder injury

Indication: Injury of shoulder and upper arm, unspecified

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Radiology	07/31/2016	07/31/2016	Routine	No	

Subtype:

On-Site, CT Scan

Reason for Request:

consult is for right shoulder ct scan has bullet fragments in leg cannot have MRI inmate had a recent shoulder injury 2 weeks xray was neg decreased ROM cannot lift arm up very limited Physical therapy ordered

Physical Therapy	06/30/2016	06/30/2016	Routine	No
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Subtype:

On-Site, PT

Reason for Request:

consult is for right shoulder physical therapy has been having increased pain and decreased ROM after inmate was restrained by officers. Pt has been taking Tylenol no relief.

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
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Follow-up	08/02/2016 10:00	MLP 01
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pt has a ct ordered for ongoing right shoulder pain after officers took him to the ground xray was negative follow-up on ssame

Disposition:

Follow-up at Sick Call as Needed
 Will Be Placed on Callout
 Return Immediately if Condition Worsens

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
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HOME HEALTH CARE PROFESSIONALS, INC.
940 SCRANTON-CARBONDALE HWY
EYNON PA 18403

CASH, BRIAN KEITH [8971] 1

ICN: X54CBN0202785454

Patient:

CASH, BRIAN KEITH [8971]
3057 EASTON TRPK,
WAYMART, PA 18472 (570) 488-8000

08/16/2016

Visit Date: 08/16/2016 In: 09:35 AM Out: 10:20 AM Hours: 0.75
Service: QUALIFIED PT DIRECT CARE [421]
Employee: TONKIN, ALICE E (TONKIN)

THERAPY INFORMATION

Plan of Treatment:

Therapeutic exercises
ROM exercises RUE

Active, active-assistive exercises RUE

Resistive exercises for BUE

Pendulum exercises with R shoulder
Gentle assist for shoulder flexion, abduction,
internal and external rotation
Supported shoulder flexion/extension by moving
hands down and up legs while seated.
- 10reps BUE supine 3 cane exercises
- 10reps BUE standing cane ex for hyperextension
- Level 2 resist band for BUE shoulder flexion with
elbow extension; shoulder extension with
elbow flexion 10x2reps
- Level 3 resist band 2 ply 10x2reps Biceps curls
and Triceps curls
HEP activities to continue

Instruction in home exercise program

Return 08-30-16 and continue plan of care for increasing ROM and strength of the R shoulder, reduction of
shoulder pain.

Subjective, Assessment, Comments:

Pt states that he is still having pain in the shoulder and movement has not improved much. He states
that as long as he doesn't get his shoulder bumped or grabbed or pulled, he does not have too much pain
at night and can sleep. If anyone grabs his shoulder or pulls his arm when cuffing him, he does have
more pain and difficulty sleeping. Pt is concerned that he may get transferred before they are able to
further evaluate his shoulder with an MRI and that he would then have to start over again at another
facility trying to get it taken care of.

ROM remains limited actively and passively. Pt is working on pendulum exercises and some active
exercises within limited ranges. Passively, therapist is able to attain a few more degrees of shoulder
flexion and abduction but this remains very limited by pain. Pt is able to work on light strengthening
of the lower arm musculature and very low shoulder range when combined with elbow movement.

Instructed pt to continue with home exercise program within limits of pain. Informed him that therapist
will be unavailable next week but will return the following week.

Homebound:

Homebound Reason(s): Other (Specify): INMATE AT FEDERAL PENITENTIARY
Comments: SPECIAL HOUSING UNIT

THERAPY REASSESSMENT (THERAPIST ONLY)

Therapy Progress:

Response to treatment influenced by:

Nurse's or Therapist's Signature:

Document Electronic Approval:

TONKIN, ALICE E (TONKIN) 08/17/2016 15:53
PHYSICAL THERAPIST

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: CASH, BRIAN KEITH
Date of Birth: 03/06/1977
Encounter Date: 08/02/2016 15:26

Sex: M Race: BLACK
Provider: Mowatt, S. MD

Reg #: 19124-057
Facility: CAA
Unit: Z01

Chronic Care - Chronic Care Clinic encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 Provider: Mowatt, S. MD

Chief Complaint: GASTROINTESTINAL

Subjective: Pt with hiatal hernia, has been taking PPI and sulcrafate for quite some time now, cautioned him that PPI chronically can lead to bone issues due to low calcium absorption, also there is some literature that suggests it may cause kidney issues, will try to d/c PPI and cont sulcrafate and see how he does, if his sx are intolerable he will need to assume risk of omeprazole and it can be restarted,

Pain: Not Applicable

COMPLAINT 2 Provider: Mowatt, S. MD

Chief Complaint: ORTHOPEDIC/RHEUMATOLOGY

Subjective: R shoulder pain since immediate use of force in May 2016, I stated to him, so you were standing there minding your own business and they "slammed you to the floor for no reason?" he said "no, I did not say that but since then my shoulder hurts." conflicting information in chart, one provider states resolution of pain, other states cont pain, he is presently doing physical therapy, he states she, the physical therapist, said she thinks his rotator cuff is torn, no records yet reviewed, xray negative, will consider future imaging if needed but first needs to complete therapy, the region will not approve imaging until therapy complete, he states he has 10/10 pain, unable to reach above head, constant pain,

Pain: Yes

Pain Assessment

Date: 08/03/2016 09:44
Location: Shoulder-Right
Quality of Pain: Aching
Pain Scale: 10
Intervention: nsaid/therapy
Trauma Date/Year:
Injury:
Mechanism:
Onset: 2-6 Months
Duration: 2-6 Months
Exacerbating Factors: reaching overhead
Relieving Factors: nothing
Comments:

Seen for clinic(s): Gastrointestinal

OBJECTIVE:

Temperature:

Date	Time	Fahrenheit	Celsius	Location	Provider
08/02/2016	15:26 CAA	97.9	36.6		Mowatt, S. MD

Pulse:

Inmate Name: CASH, BRIAN KEITH
 Date of Birth: 03/06/1977
 Encounter Date: 08/02/2016 15:26

Sex: M Race: BLACK
 Provider: Mowatt, S. MD

Reg #: 19124-057
 Facility: CAA
 Unit: Z01

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
140996-CAA	Omeprazole 20 MG Cap	08/02/2016 15:26	Take two capsules (40 MG) by mouth each morning at least 30 minutes before breakfast (GI CCC)

Discontinue Type: When Pharmacy Processes

Discontinue Reason: *discontinue*

Indication:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
— Radiology	09/28/2016	09/28/2016	Routine	No	
Subtype:					
Off-Site Other					
— Reason for Request:					
off site CT without contrast of R shoulder					

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Chronic Care Visit	07/17/2017 00:00	Physician 02

Disposition:

Follow-up at Sick Call as Needed
 Follow-up at Chronic Care Clinic as Needed

Other:

GI hiatal hernia, stop PPI and cont sulcrafate and see how he does

— R shoulder pain since May 2016, was involved with immed use of force, xray normal, review of PT assessment minimize nsaid's due to GI issues

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
08/03/2016	Counseling	Access to Care	Mowatt, S.	Verbalizes Understanding
08/03/2016	Counseling	Plan of Care	Mowatt, S.	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Mowatt, S. MD on 08/11/2016 12:33

DISCHARGE SUMMARY

HOME HEALTH CARE PROFESSIONALS, INC.
940 SCRANTON-CARBONDALE HWY
EYNON PA 18403

CASH, BRIAN KEITH
3057 EASTON TRPK
WAYMART PA 18472

ID: 8971

Birthdate: 03/06/77
Sex: M Marital:
County: WAYNE
Office: HOME HEALTH
Locality:
Team: HH
Race: Black/African American
Height: Weight:

Dates Covered: 07/12/16 through 09/07/16

Insurance:

INTEGRATED MEDICAL SOLUTIONS
19124-057

Z5189 Encounter for other specified aftercare
M25511 Pain in right shoulder

Physicians:

MOWATT, SUSAN
PO BOX 400
WAYMART PA 18472
(570) 488-8512 Fax:

Discharge Reason: DISCHARGED OTHER

Disciplines Being Discontinued: ☐ SN ☒ PT ☐ ST ☐ OT ☐ MSW ☐ AIDE
Patient Follow Up: ☒ Self Care ☐ Family/Friend ☐ Private Physician
☐ Clinic ☐ S/S Agency ☒ Other

Level of Improvement: Plateau

Evaluation of Established Goals at Termination, Patient Follow Up ...

Pt seen x6 for physical therapy on a weekly basis due to being in Special Housing Unit. Learned today that he has been transferred to another facility out of the HHCP geographic area so is being discharged from home health services. Pt has had slight decrease in pain level at the shoulder from 9/10 at admission and getting no sleep to 5 to 7/10 and sleeping slightly better. There has been improvement in strength of the lower arm with resisted exercise in supported positions for elbow flexion and extension but no significant improvement at the shoulder for ROM or strength. Had been told that pt was being submitted for regional approval of MRI or CT scan but he has now been transferred. Pt appears to have been following through with home exercise program and due to the lack of improvement it is likely that he has internal derangement of the shoulder and will need ortho consult and imaging for diagnosis and further treatment. As of last visit on 08-30-16, pt's RUE is non-functional due to shoulder injury.

MOWATT, SUSAN 1698743450
PO BOX 400, WAYMART PA 18472

Document Electronic Approval: TONKIN, ALICE E (TONKIN), PHYSICAL THERAPIST 08/07/2016

Employee: TONKIN, ALICE E (TONKIN)

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: CASH, BRIAN KEITH
 Date of Birth: 03/06/1977
 Encounter Date: 09/12/2016 08:10

Sex: M Race: BLACK
 Provider: Edinger, Andrew MD

Reg #: 19124-057
 Facility: LEW
 Unit: B03

Chronic Care - 14 Day Physician Eval encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Edinger, Andrew MD

Chief Complaint: GASTROINTESTINAL

Subjective: Inmate presents for 14 day new arrival evaluation. He is known to me from his previous stay at USP Lewisburg. He has a known history of GERD which is currently managed with Sucralfate. He states that this is working well at controlling his symptoms. His main complaint today is ongoing right shoulder pain. Symptoms have been present since 5/24/16. He had an x-ray and was treated with Tylenol and physical therapy for approximately 10 weeks. He states that nothing has altered the pain and his mobility remains poor.

Pain: Yes

Pain Assessment

Date: 09/13/2016 08:15

Location: Shoulder-Right

Quality of Pain: Aching

Pain Scale: 8

Intervention: physical therapy

Trauma Date/Year:

Injury:

Mechanism:

Onset: 2-6 Months

Duration: 2-6 Months

Exacerbating Factors: movement

Relieving Factors: rest at his side

Comments: Inmate reports 8/10 pain but shows no visible signs of distress, particularly when distracted.

Seen for clinic(s): Gastrointestinal

ROS:

General

Constitutional Symptoms

No: Fatigue, Fever, Unexplained Weight Loss, Weight Gain

Integumentary

Skin

Yes: Within Normal Limits

HEENT

Ears

Yes: Within Normal Limits

Eyes

Yes: Within Normal Limits

Mouth

Yes: Within Normal Limits

Cardiovascular

Inmate Name: CASH, BRIAN KEITH
 Date of Birth: 03/06/1977
 Encounter Date: 09/12/2016 08:10

Sex: M Race: BLACK
 Provider: Edinger, Andrew MD

Reg #: 19124-057
 Facility: LEW
 Unit: B03

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
165670-LEW	Sucralfate Tablet 1 GM	09/12/2016 08:10	Take one tablet (1 GM) by mouth twice daily Take with a glassful of water on empty stomach x 180 day(s)

Indication: Esophageal reflux

Discontinued Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Radiology	09/28/2016	09/28/2016	Routine	No	

Subtype:
Reason for Request:
 off site CT without contrast of R shoulder

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Chronic Care Visit	08/31/2017 00:00	Physician

Must see by 9/11/17

Disposition:

Follow-up at Sick Call as Needed
 Follow-up at Chronic Care Clinic as Needed

Other:

Inmate is medically stable. I discussed steroid injection of his shoulder as the next appropriate therapeutic option. I told him that I would also pursue an orthopedic surgery evaluation, but this would come after a steroid injection.

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
09/13/2016	Counseling	Plan of Care	Edinger, Andrew	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Edinger, Andrew MD on 09/13/2016 08:29

B309 310 TC

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 19124-057

Inmate Name: CASH, BRIAN KEITH

☐ Medical Hold: Do not transfer inmate for Medical Reason.**Housing Status:**

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____

☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____

☐ cell: ☐ cell on first floor ☐ single cell ☐ lower bunk ☐ airborne infection isolation Exp. Date: _____

☐ other: _____ Exp. Date: _____

Physical Limitation/Restriction:

☒ all sports Exp. Date: 12/02/2016

☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____

☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____

☐ football ☐ basketball ☐ handball ☐ stationary equipment

☐ other: _____ Exp. Date: _____

May have the following equipment in his/her possession:

Equipment	Start Date	End Date	Return Date
Eye Glasses	08/28/2012		
Delivered by SHU PA			
Resistive Exercise Band(s)	05/18/2009	09/09/2016	
Arch Supports	05/18/2009	09/09/2016	
AETREX 2 pair for increased cushion to shoes			

Work Restriction/Limitation:Cleared for Food Service: Yes☒ No Restrictions**Restraint Restrictions:**☒ cuff only front ☐ no leg irons ☐ no face down position in four-point restraints☐ no CN gas ☐ no pepper spray☐ no cuff: ☐ right arm ☐ left arm ☐ right leg ☐ left leg☒ other: Recommend front cuff with Martin chain because of right shoulder injury Exp. Date: 11/01/2016

Comments: metal detector: right hip/femur rod and screw

Edinger, Andrew MD

09/13/2016

Health Services Staff

Date

Inmate Name: CASH, BRIAN KEITH Reg #: 19124-057 Quarters: B03**ALL EXPIRATION DATES ARE AT 24:00**

**REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR
PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES**

OPERATION OR PROCEDURE

Therapeutic/Diagnostic Injection

B. STATEMENT OF REQUEST

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, potential benefits and drawbacks, potential problems related to recuperation, likelihood of success, possible results of non-treatment, and any significant alternatives have been fully explained to me. I have also been informed that there are other risks, which include but are not limited to severe loss of blood, infection, and cardiac arrest, that are attendant to the performance of any surgical procedure. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be: (Description of operation or procedure in layman's language)

Injection techniques are helpful for diagnosis and therapy in a wide variety of conditions. The injections may be used to determine the cause of the condition (diagnostic), to treat the condition (therapeutic), or both diagnostic and therapeutic. Often, a diagnosis can be made from analysis of tissue, cells, or fluid. In addition, the assessment of pain relief and increased range of motion can be used as a diagnostic tool. Therapeutic indications include the delivery of local anesthetics for pain relief and the delivery of corticosteroids for suppression of inflammation.

which is to be performed by or under the direction of Jennifer Seroski

On 09/21/2016 (date)

- On 09/21/2016
2. I request the performance of the above - named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below - named medical facility, during the course of the above - named operation or procedure.
3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below named facility.
4. Exceptions to surgery or anesthesia, if any, are:
5. I request the disposal by authorities of the below - named medical facility of any tissues or parts which it may be necessary to remove.
6. I understand that photographs and movies may be taken of this operation , and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions.
- a. The name of the patient and his/her family is not used to identify said pictures.
- b. Said pictures be used only for purposes of medical/dental study or research.

(Appropriate items in Parts A and B must be completed before signing)

C. SIGNATURES (Appropriate items in Parts A and B must be completed)

1. **COUNSELING PRACTITIONER:** I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(Signature of Counseling Practitioner)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)

(Signature of Patient)

(Date and Time)

3. **SPONSOR OR GUARDIAN:** (When patient is unable to give consent): As sponsor/guardian, I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team)

(Date and Time)

Printed Name of Sponsor or Legal Guardian

(Signature of Sponsor or Legal Guardian)

(Date and Time)

PATIENT'S IDENTIFICATION
(FULL NAME & REGISTRATION NO.)

(For typed or written entries give: Name-last, first, Middle; grade; date; hospital or medical facility)

CASH, BRIAN KEITH

19124-057

LEW-LEWISBURG USP

**Bureau of Prisons
Health Services
Consultation Request**

B

USP-C

Inmate Name: CASH, BRIAN KEITH
Date of Birth: 03/06/1977

Reg #: 19124-057
Sex: M

Complex: LEW

Consultation/Procedure Requested: Orthopedic Surgery

Subtype: Evaluation - On-site

Priority: Routine

Target Date: 10/06/2016

Reason for Request:

Decreased ROM of right shoulder for last 5-6 months. Inmate tried Tylenol and had steroid injection without relief. He was doing own PT as directed by previous facility. Normal shoulder x-ray

Provisional Diagnosis:

shoulder pain, decreased ROM
R/o tear

Medications (As of 10/19/2016)

Sucralfate Tablet 1 GM Exp: 03/12/2017 SIG: Take one tablet (1 GM) by mouth twice daily Take with a glassful of water on empty stomach
OTC-Hydrocortisone Cream 0.5 % (OTC) 30 gm Details: use as directed on product packaging
OTC-Simethicone 80 MG Chew (OTC) 24 count Details: use as directed on product packaging

Allergies (As of 10/19/2016)

Bactrim

Health Problems (As of 10/19/2016)

Esophageal reflux, Unspec disorder of refraction and accommodation, Cannabis Use Disorder, Moderate, Dental caries extending into dentine, Injury of shoulder and upper arm, unspecified

Inmate Requires Translator: No

Language:

Additional Records Required:

Comments:

Requested By: Ayers, Jessie PA-C

Ordered Date: 10/05/2016 07:40

Scheduled Target Date: 10/06/2016 00:00

Level of Care: Medically Necessary - Non-Emergent

XR 5-25-16 → (R) Shoulder
Normal

* (Dr. Ball hand written) *

11-1-16
c/o pain in (R) Shoulder

Hx of pain x 6 mos.
Hx of injection (R) Shoulder

States he was slammed down

EXAM - ↓↓ ABDUC (R) Shoulder

↓ FORWARD Flexion
(R) Shoulder

Good Sen. (R) Hand.

3+5 R.C. Strength.

DX. R.C. Tendinitis (R)

TX 1) Inject (R) Shoulder

2) ✓ MRI (R)

3) Re ✓ AFTER MRI

4) MOBIC 7.5mg BID.

Dr. Ball

TC

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 19124-057

Inmate Name: CASH, BRIAN KEITH

☐ Medical Hold: Do not transfer inmate for Medical Reason.**Housing Status**

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____

☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____

☐ cell: ☐ cell on first floor ☐ single cell ☐ lower bunk ☐ airborne infection isolation. Exp. Date: _____

☐ other: _____ Exp. Date: _____

Physical Limitation/Restriction

☒ all sports Exp. Date: 12/02/2016

☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____

☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____

☐ football ☐ basketball ☐ handball ☐ stationary equipment

☐ other: _____ Exp. Date: _____

May have the following equipment in his/her possession:

Equipment	Start Date	End Date	Return Date
Eye Glasses	08/28/2012		
Delivered by SHU PA			
Resistive Exercise Band(s)	05/18/2009	09/09/2016	
Arch Supports	05/18/2009	09/09/2016	
AETREX 2 pair for increased cushion to shoes			

Work Restriction/LimitationCleared for Food Service: Yes☒ No Restrictions**Restraint Restrictions**

☒ cuff only front ☐ no leg irons ☐ no face down position in four-point restraints

☐ no CN gas ☐ no pepper spray

☐ no cuff: ☐ right arm ☐ left arm ☐ right leg ☐ left leg

☒ other: Recommend front cuff with martin chain due to shoulder injury Exp. Date: 01/04/2017

Comments: metal detector: right hip/femur rod and screw

Seroski, Jennifer PA-C

11/02/2016

Health Services Staff

Date

Inmate Name: CASH, BRIAN KEITH Reg #: 19124-057 Quarters: B03

ALL EXPIRATION DATES ARE AT 24:00

**Bureau of Prisons
Health Services
Clinical Encounter**

76

Inmate Name: CASH, BRIAN KEITH
Date of Birth: 03/06/1977
Encounter Date: 12/02/2016 08:06

Sex: M Race: BLACK
Provider: Seroski, Jennifer PA-C

Reg #: 19124-057
Facility: LEW
Unit: C03

Mid Level Provider - Sick Call Note encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Seroski, Jennifer PA-C

Chief Complaint: Pain

Subjective: Inmate reports to sick call requesting copy of MDS be put on door. Apparently he moved blocks and it was not transferred. He currently has a pass for a front cuff due to chronic shoulder pain and loss of ROM and has an MRI pending approval from region. He is also requesting pain medication. Tells me that Naproxen and Meloxicam do not help. Denies any changes.

Pain: Not Applicable

OBJECTIVE:

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

No: Appears in Pain

Musculoskeletal

Gait

Yes: Normal Gait

ASSESSMENT:

Injury of shoulder and upper arm, unspecified, S4990XS - Current

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Amitriptyline Tablet	12/02/2016 08:06	25 mg Orally at bedtime x 30 day(s) Pill Line Only

Indication: Injury of shoulder and upper arm, unspecified

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
------------	-------------------	-------------------	-------------------------

+C

Inmate Name: CASH, BRIAN KEITH
 Date of Birth: 03/06/1977
 Encounter Date: 12/02/2016 08:06

Sex: M Race: BLACK
 Provider: Seroski, Jennifer PA-C

Reg #: 19124-057
 Facility: LEW
 Unit: C03

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
168199-LEW	Naproxen 500 MG Tab	12/02/2016 08:06	Take one tablet (500 MG) by mouth twice daily with food

Discontinue Type: When Pharmacy Processes

Discontinue Reason: Failed Therapy

Indication:

Disposition:

Return Immediately if Condition Worsens
 Return To Sick Call if Not Improved

Other:

Per chart review inmate is followed on Ortho clinic and has an MRI pending approval from the region
 He has a front cuff pass until MRI is completed and resulted
 Will start Elavil for pain management
 D/C Naproxen
 MDS sent to inmate and block
 F/U on Ortho as scheduled otherwise sick call prn

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/02/2016	Counseling	Plan of Care	Seroski, Jennifer	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Seroski, Jennifer PA-C on 12/02/2016 08:20
 Requested to be cosigned by Edinger, Andrew MD/CD.
 Cosign documentation will be displayed on the following page.

(24)

Exhibit X
**Bureau of Prisons
Health Services**

TC

Clinical Encounter - Administrative Note

Inmate Name:	CASH, BRIAN KEITH	Sex:	M	Race:	BLACK	Reg #:	19124-057
Date of Birth:	03/06/1977	Provider:	Seroski, Jennifer PA-C	Facility:	LEW	Unit:	C03
Note Date:	03/07/2017 11:42						

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Seroski, Jennifer PA-C

Renew MDS for front cuff pass
Awaiting MRI for evaluation

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Seroski, Jennifer PA-C on 03/07/2017 11:48

**Bureau of Prisons
Health Services
Medical Duty Status**

TC

Reg #: 19124-057

Inmate Name: CASH, BRIAN KEITH

☐ Medical Hold: Do not transfer inmate for Medical Reason.

Living Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☒ cell: ☐ cell on first floor ☐ single cell ☒ lower bunk ☐ airborne infection isolation Exp. Date: 03/10/2017
☐ other: _____ Exp. Date: _____

Physical Limitation/Restriction

☒ all sports Exp. Date: 03/10/2017
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☐ other: _____ Exp. Date: _____

My have the following equipment in my possession

Equipment	Start Date	End Date	Return Date
Eye Glasses	08/28/2012		
Delivered by SHU PA			
Resistive Exercise Band(s)	05/18/2009	09/09/2016	
Arch Supports	05/18/2009	09/09/2016	
AETREX 2 pair for increased cushion to shoes			

Work Restriction/ LimitationCleared for Food Service: Yes☒ No Restrictions**Restroom Restrictions**

☒ cuff only front ☐ no leg irons ☐ no face down position in four-point restraints
☐ no CN gas ☐ no pepper spray
☐ no cuff: ☐ right arm ☐ left arm ☐ right leg ☐ left leg
☒ other: Recommend front cuff with martin chain due to shoulder injury Exp. Date: 03/10/2017

Comments: metal detector: right hip/femur rod and screw

I/M is required to continue home physical therapy exercises

Seroski, Jennifer PA-C

01/04/2017

Health Services Staff

Date

Inmate Name: CASH, BRIAN KEITH Reg #: 19124-057 Quarters: C03**ALL EXPIRATION DATES ARE AT 24:00**

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: CASH, BRIAN KEITH
Date of Birth: 03/06/1977
Encounter Date: 03/10/2017 11:15

Sex: M Race: BLACK
Provider: Dees, S. NREMT-P

Reg #: 19124-057
Facility: LEW
Unit: G01

Injury Assessment - Non-work related encounter performed at Special Housing Unit.

SUBJECTIVE:

INJURY 1 Provider: Dees, S. NREMT-P

Date of Injury: 03/10/2017 11:15 Date Reported for Treatment: 03/10/2017 11:15

Work Related: No Work Assignment: UNASSG

Pain Location:

Pain Scale: Refused

Pain Qualities:

Where Did Injury Happen (Be specific as to location):

J-Block Cell 115

Cause of Injury (Inmate's Statement of how injury occurred):

IM was involved in a calculated use of force

Symptoms (as reported by Inmate):

IM refused to speak to staff member

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
03/10/2017	11:15 LEW	110	Radial	Regular	Dees, S. NREMT-P

Respirations:

Date	Time	Rate Per Minute	Provider
03/10/2017	11:15 LEW	16	Dees, S. NREMT-P

Exam:

General

Affect

Yes: Irritable

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

Peripheral Vascular

Arms

Yes: Radial Pulse Normal, Capillary Refill Normal

Legs

Yes: Dorsalis Pedis Normal, Capillary Refill Normal

ASSESSMENT:

No Significant Findings/No Apparent Distress

IM is involved in a calculated use of force. Staff relays that the IM was flooding the cell and threatening staff. Upon staff arrival IM insisted that he was a martin chain and front cuff only. This is not reflected on his medical duty status. I also confirmed this with the block PA. IM was restrained and removed from the cell. IM is noted to be alert and oriented in no acute distress. IM moved to the first floor shower area with out incident. IM is noted to have a normal gait. IM placed in to alternate clothing and ambulatory restraints. IM refused to talk when asked if he had any injuries. IM is noted to have no injuries at this time. IM is noted to have good circulation below the restraints with <2 second capillary

Inmate Name: CASH, BRIAN KEITH

Date of Birth: 03/06/1977

Encounter Date: 03/10/2017 11:15

Sex: M Race: BLACK

Provider: Dees, S. NREMT-P

Reg #: 19124-057

Facility: LEW

Unit: G01

in all 4 extremities. IM moved to G-Block Cell 126 without further incident.

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Other:

Restraint checks

Patient Education Topics:

Date Initiated Format
03/10/2017 Counseling

Handout/Topic
Access to Care

Provider
Dees, S.

Outcome
No Participation

Copoly Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Dees, S. NREMT-P on 03/10/2017 12:15
Requested to be cosigned by Edinger, Andrew MD/CD.
Cosign documentation will be displayed on the following page.

Bureau of Prisons
Health Services
Medical Duty Status

Reg #: 19124-057

Inmate Name: CASH, BRIAN KEITH

☐ Medical Hold: Do not transfer inmate for Medical Reason.

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____
☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____
☒ cell: ☐ cell on first floor ☐ single cell ☒ lower bunk ☐ airborne infection isolation Exp. Date: 06/09/2017
☐ other: _____ Exp. Date: _____

☒ all sports Exp. Date: 06/09/2017
☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____
☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____
☐ football ☐ basketball ☐ handball ☐ stationary equipment
☐ other: _____ Exp. Date: _____

Equipment	Start Date	End Date	Return Date
Eye Glasses	08/28/2012		
Delivered by SHU PA			
Resistive Exercise Band(s)	05/18/2009	09/09/2016	
Arch Supports	05/18/2009	09/09/2016	
AETREX 2 pair for increased cushion to shoes			

Cleared for Food Service: Yes☒ No Restrictions

☒ cuff only front ☐ no leg irons ☐ no face down position in four-point restraints
☐ no CN gas ☐ no pepper spray
☐ no cuff: ☐ right arm ☐ left arm ☐ right leg ☐ left leg
☒ other: Front cuff with martin chain only due to shoulder injury Exp. Date: 03/09/2018

Comments: metal detector: right hip/femur rod and screw

I/M is required to continue home physical therapy exercises

Barner, M. NRP

03/15/2017

Health Services Staff

Date

Inmate Name: CASH, BRIAN KEITH Reg #: 19124-057 Quarters: J01**ALL EXPIRATION DATES ARE AT 24:00**

**Bureau of Prisons
Health Services
Consultation Request**

Inmate Name: CASH, BRIAN**Reg #:** 19124-057**Complex LEW****Date of Birth:** 03/06/1977**Sex:** M**Consultation/Procedure Requested:** Orthopedic Surgery**Subtype:** Procedure - Outside**Reason for Request:****MUA RIGHT SHOULDER**

Inmate examined in-house 04/06/2017 by orthopedic consultant Dr. Ball.

Impression:

- Relates pain 6-7/10
- Relates no tingling right arm
- Decreased Abduction to 70 degrees
- Decreased forward Flexion
- Good sensation Right Hand
- 03/29/2017 MRI Mild Tendonitis (R)
- Adhesive Capsulitis (R) Shoulder

Plan:

- Inject (R) Shoulder
- Check X-ray (R) Shoulder
- Recommend MUA (R) Shoulder (Manipulation Under Anesthesia)
- Follow up in 1 month
- Recommend Front Cuffs

The consultation request submitted by Fasciana, Francis MLP on 04/06/2017 for Orthopedic Surgery, Procedure - Outside was Approved on 04/10/2017.

Comments:

Approval based upon medical necessity and/or acuity.

(b) County of Residence: Scranton
(EXCEPT IN U.S. PLAIN

Inmate Name: Brian Cash
Register Number: 17224 357
United States Penitentiary
P.O. Box 1000
Lewisburg, PA 17837

gm 2/22

(c) Attorneys (Firm Name, Address, and Telephone)

II. BASIS OF JURISDICTION (Place an

- ☐ 1 U.S. Government Plaintiff
☒ 2 U.S. Government Defendant
☐ 3 Federal Question (U.S. Government
☐ 4 Diversity (Indicate C

RECEIVED
SCRANTON

FEB 27 2018

PER gar
DEPUTY CLERK

IV. NATURE OF SUIT (Place an "X" in One

CONTRACT	PERSONAL INJURY
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> 310 Airplane
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 315 Airplane Product Liability
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 320 Assault, Libel Slander
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 330 Federal Employment Liability
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 340 Marine
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 345 Marine Product Liability
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 350 Motor Vehicle
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 355 Motor Vehicle Product Liability
<input type="checkbox"/> 160 Stockholders' Suits	<input checked="" type="checkbox"/> 360 Other Personal Injury
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 362 Personal Injury Medical Malpractice
<input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> 440 Other Civil Rights
<input type="checkbox"/> 196 Franchise	<input type="checkbox"/> 441 Voting

REAL PROPERTY	CIVIL RIGHTS
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 442 Employment
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 443 Housing/Accommodation
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 445 American with Disabilities Act Employment
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 446 American with Disabilities Act Other
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 448 Education
<input type="checkbox"/> 290 All Other Real Property	

RECEIVED
SCRANTON

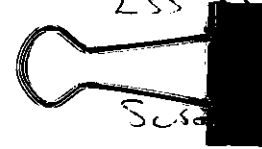
FEB 27 2018

PER _____
DEPUTY CLERK

(Legal mail)

UNITED

*Middle D
William J.
235*



V. ORIGIN (Place an "X" in One Box Only)

- ☒ Original Proceeding
☐ 2 Removed from State Court

VI. CAUSE OF ACTION

Cite the U.S. Civil
Brief description

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF UNDER RULE

VIII. RELATED CASE(S) IF ANY

(See Instructions)

DATE

2/20/18

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____